
State:	District of Columbia	Filing Company:	Amica Mutual Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations		
Product Name:	Withdraw Named Non-Owner Endorsement		
Project Name/Number:	/		

Filing at a Glance

Company:	Amica Mutual Insurance Company
Product Name:	Withdraw Named Non-Owner Endorsement
State:	District of Columbia
TOI:	19.0 Personal Auto
Sub-TOI:	19.0000 Personal Auto Combinations
Filing Type:	Form
Date Submitted:	02/07/2020
SERFF Tr Num:	AMMA-132253606
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	AMICA-DC-AF-20-1
Effective Date	07/01/2020
Requested (New):	
Effective Date	07/01/2020
Requested (Renewal):	
Author(s):	Sonny Tanakhone, Maryann Martini, Stephen Curtis, Robyn Paquette, Tamra Pedro
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/07/2020	
State Status Changed:	Deemer Date:
Created By: Robyn Paquette	Submitted By: Robyn Paquette
Corresponding Filing Tracking Number: AMMA-132253612	

Filing Description:

This filing is being submitted for Amica Mutual Insurance Company.

We request to withdraw the following endorsement:

Named Non-Owner Coverage PP 03 22 01 05

This endorsement was previously filed and approved under ISO's Filing Designation No. PP-2003-OFR03.

This filing is being submitted in conjunction with our Rate and Rule filing, SERFF Tracking No. AMMA-132253612.

We request an effective date of July 1, 2020.

Company and Contact

Filing Contact Information

Thomas Barrett, Assistant Vice President	tbarrett@amica.com
P.O. Box 6008	800-652-6422 [Phone] 24247 [Ext]
Providence, RI 02940	401-334-6518 [FAX]

Filing Company Information

Amica Mutual Insurance Company	CoCode: 19976	State of Domicile: Rhode
P.O. Box 6008	Group Code: 28	Island
Providence, RI 02940	Group Name: Amica Mutual	Company Type:
(800) 652-6422 ext. [Phone]	FEIN Number: 05-0348344	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Named Non-Owner Coverage	PP 03 22	01 05	END	Withdrawn	Previous Filing Number:	PP-2003-OFR03		PP03220105.pdf
							Replaced Form Number:			

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

NAMED NON-OWNER COVERAGE

PP 03 22 01 05

SCHEDULE

Unless otherwise indicated below, or in the Declarations, Named Non-Owner Coverage applies only to the individual named in the Schedule or in the Declarations:

Name of Individual:

If indicated below, or in the Declarations, Named Non-Owner Coverage applies to:

☐ Named Individual and **Family Members** (including Named Individual's Spouse)

Coverage For Vehicles Furnished Or Available For Regular Use

☐ If indicated to the left, or in the Declarations, the exclusions for vehicles furnished or available for regular use under Part **A** - Liability Coverage and Part **B** - Medical Payments Coverage do not apply.

Coverage is provided where a premium and a limit of liability is shown for the coverage.

Premium		
Coverages	Limit Of Liability	
Liability		
Bodily Injury	\$ Each person	\$
	\$ Each accident	\$
Property Damage	\$ Each accident	\$
Medical Payments	\$ Each person	\$
Uninsured Motorists		
Bodily Injury	\$ Each person	\$
	\$ Each accident	\$
Property Damage	\$ Each accident	\$
Underinsured Motorists		
Bodily Injury	\$ Each person	\$
	\$ Each accident	\$
Property Damage	\$ Each accident	\$
	TOTAL PREMIUM	\$

With respect to the individuals and coverages listed in the Schedule or in the Declarations, the provisions of the policy apply unless modified by the endorsement.

I. Definitions

The **Definitions** Section is amended as follows:

A. The definitions of "you" and "your" are replaced by the following:

Throughout this policy, "you" and "your" refer to the individual named in the Schedule or Declarations.

B. The definition of **family member** is replaced by the following:

"Family member" means a person related to you by blood, marriage or adoption, including a ward or foster child, if:

1. The person is a resident of your household; and
2. The Schedule or Declarations indicate that coverage is provided for the named individual and **family members**.

C. The definition of **your covered auto** is replaced by the following:

"Your covered auto" means a **newly acquired auto**.

- D. The definition of **newly acquired auto** is replaced by the following:

"**Newly acquired auto**" means any of the following types of vehicles on the date you become the owner:

- a. A private passenger auto; or
- b. A pickup or van that:
 - (1) Has a Gross Vehicle Weight Rating of 10,000 lbs. or less; and
 - (2) Is not used for the delivery or transportation of goods and materials unless such use is:
 - (a) Incidental to your **business** of maintaining or repairing furnishings or equipment; or
 - (b) For farming or ranching.

This provision applies only:

- a. If you acquire the vehicle during the policy period; and
- b. For 14 days after you become the owner.

This insurance does not apply if other insurance applies with respect to newly acquired vehicles.

II. Part A - Liability Coverage

Part A is amended as follows:

- A. If the Schedule or Declarations indicate that Named Non-Owner Coverage applies only to the named individual, the definition of **insured** is amended by deleting reference to **family member**.

- B. The **Exclusions** Section is amended as follows:

1. Exclusion **B.2.** is replaced by the following:

We do not provide Liability Coverage for the ownership, maintenance or use of any vehicle, other than **your covered auto**, which is owned by you.

2. The following exclusion is added:

We do not provide Liability Coverage for the ownership, maintenance or use of any vehicle, other than **your covered auto**, which is furnished or available for your regular use.

However, this Exclusion (2.) does not apply if the Schedule or Declarations indicate that the Vehicles Furnished Or Available For Regular Use Exclusion does not apply.

- C. Paragraph A. of the **Limit Of Liability** Provision is replaced by the following:

LIMIT OF LIABILITY

The limit of liability shown in the Schedule or in the Declarations for each person for Bodily Injury Liability is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of **bodily injury** sustained by any one person in any one auto accident. Subject to this limit for each person, the limit of liability shown in the Schedule or in the Declarations for each accident for Bodily Injury Liability is our maximum limit of liability for all damages for **bodily injury** resulting from any one auto accident.

The limit of liability shown in the Schedule or in the Declarations for each accident for Property Damage Liability is our maximum limit of liability for all **property damage** resulting from any one auto accident.

This is the most we will pay regardless of the number of:

- 1. **Insureds**;
- 2. Claims made;
- 3. Vehicles or premiums shown in the Schedule or in the Declarations; or
- 4. Vehicles involved in the auto accident.

- D. The **Out Of State Coverage** Provision is replaced by the following:

OUT OF STATE COVERAGE

If an auto accident to which this policy applies occurs in any state or province other than where you reside, we will interpret your policy for that accident as follows:

If the state or province has:

- 1. A financial responsibility or similar law specifying limits of liability for **bodily injury** or **property damage** higher than the limit shown in the Schedule or in the Declarations, your policy will provide the higher specified limit.
- 2. A compulsory insurance or similar law requiring a nonresident to maintain insurance whenever the nonresident uses a vehicle in that state or province, your policy will provide at least the required minimum amounts and types of coverage.

No one will be entitled to duplicate payments for the same elements of loss.

III. Part B - Medical Payments Coverage

Part B is amended as follows:

- A. If the Schedule or Declarations indicate that Named Non-Owner Coverage applies only to the named individual, the definition of **insured** is amended by deleting reference to **family member**.

- B. The **Exclusions** Section is amended as follows:

1. Exclusion 5. is replaced by the following:

We do not provide Medical Payments Coverage for any **insured** for **bodily injury** sustained while **occupying** or, when struck by, any vehicle (other than **your covered auto**) which is owned by you.

2. The following exclusion is added:

We do not provide Medical Payments Coverage for any **insured** for **bodily injury** sustained while **occupying**, or when struck by any vehicle, other than **your covered auto**, which is furnished or available for your regular use.

However, this Exclusion (2.) does not apply if the Schedule or Declarations indicate that the Vehicles Furnished Or Available For Regular Use Exclusion does not apply.

- C. Paragraph A. of the Limit of Liability Provision is replaced by the following:

LIMIT OF LIABILITY

- A. The limit of liability shown in the Schedule or in the Declarations for this coverage is our maximum limit of liability for each person injured in any one accident. This is the most we will pay regardless of the number of:

1. **Insureds**;
2. Claims made;
3. Vehicles or premiums shown in the Schedule or in the Declarations; or
4. Vehicles involved in the accident.

IV. Part C - Uninsured Motorists Coverage

Part C is amended as follows:

- A. If the Schedule or Declarations indicate that Named Non-Owner Coverage applies only to the named individual, the definition of **insured** is amended by deleting reference to **family member**.

- B. The definition of **uninsured motor vehicle** is amended as follows:

1. Any reference to the state in which **your covered auto** is principally garaged is amended to read the state in which you reside.
2. If the Schedule or Declarations indicate that Named Non-Owner applies to the Named Individual, the hit-and-run vehicle section is amended by deleting reference to **family member**.

C. Limit Of Liability

1. Paragraph A. of the **Limit Of Liability** Provision is replaced by the following:

The limit of liability shown in the Schedule or in the Declarations for each person for Uninsured Motorists Coverage is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of **bodily injury** sustained by any one person in any one accident. Subject to this limit for each person the limit of liability shown in the Schedule or in the Declarations for each accident for Uninsured Motorists Coverage is our maximum limit of liability for all damages for **bodily injury** resulting from any one accident.

This is the most we will pay regardless of the number of:

1. **Insureds**;
 2. Claims made;
 3. Vehicles or premiums shown in the Schedule or in the Declarations; or
 4. Vehicles involved in the accident.
2. If the Schedule or Declarations also indicates an each accident limit of liability for Property Damage Uninsured Motorists Coverage, the following is added to Paragraph A.:

The limit of liability shown in the Schedule or in the Declarations for each accident for Property Damage Uninsured Motorists Coverage is our maximum limit of liability for all damages to all property resulting from any one accident.

This is the most we will pay regardless of the number of:

1. **Insureds;**
2. Claims made;
3. Vehicles or premiums shown in the Schedule or in the Declarations; or
4. Vehicles involved in the accident.

V. Underinsured Motorists Coverage

If the Schedule or Declarations indicate that Underinsured Motorists Coverage applies, the provisions of the Underinsured Motorists Coverage Endorsement made a part of this policy apply except as follows:

- A. If the Schedule or Declarations indicate that Named Non-Owner Coverage applies only to the named individual, the definition of **insured** is amended by deleting reference to **family member**.
- B. The definition of **underinsured motor vehicle** is amended as follows:

Any reference to the state in which **your covered auto** is principally garaged is amended to read the state in which you reside.

- C. If the Schedule or Declarations also indicate an each accident limit of liability for Property Damage Underinsured Motorists Coverage, the following is added to Paragraph **A.**:

The limit of liability shown in the Schedule or in the Declarations for each accident for Property Damage Underinsured Motorists Coverage is our maximum limit of liability for all damages to all property resulting from any one accident.

This is the most we will pay regardless of the number of:

1. **Insureds;**
2. Claims made;
3. Vehicles or premiums shown in the Schedule or in the Declarations; or
4. Vehicles involved in the accident.

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A - no new endorsements are being filed.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	